### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: CLA SOUTH 69TH STREET (0009204) Address: 2662 S 69TH ST, MILWAUKEE, WI 53219

**License Status: REGULAR** 

Licensed/Certified/Registered 01/22/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History			
Survey ID: 0096672	End Date: 03/08/2006	Type: OTHER	Purpose: COMPLAINT/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0095483	End Date: 07/26/2005	Type: STANDARD	Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0091587	End Date: 11/11/2003	Type: STANDARD	Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION			
Statement of Deficiency: #10008936			
	Deficiencies Cited 88.05(3)(a) 88.06(3)(d)2 88.10(3)(l)	Subject Area HOME ENVIRONMENT LEVEL OF SUPERVISIO SAFE PHYSICAL ENVIR	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Enforcement History** 

Date: 11/26/2003 SOD #10008936 Appealed: No

**Sanctions** 

PROVIDE TRAINING OTHER SANCTION

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**Complaint History** 

Date Complaint Received: 11/07/2005 Date Investigation Completed: 03/08/2006

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED

Date Complaint Received: 06/03/2005 Date Investigation Completed: 09/13/2005

Subject Area(s) Result SOD #

ADMINISTRATION SUBSTANTIATED NOT RECORDED